

COUNTY MEDICAL SERVICES PROGRAM
1800 THIRD STREET, ROOM 100
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 322-1478



CMSP Letter No. 02-05
Issue Date December 5, 2002

TO: ALL COUNTY MEDICAL SERVICES PROGRAM (CMSP)
WELFARE DIRECTORS

SUBJECT: ELIMINATION OF RETOACTIVE ELIGIBILITY AND OTHER CHANGES
TO THE COUNTY MEDICAL SERVICES PROGRAM (CMSP)

The purpose of this letter is to inform you and your staff of important changes to the CMSP. On November 22, 2002, following a series of public hearings, the CMSP Governing Board approved changes to the Program. Enclosed are copies of letters that communicated these changes to both providers and current CMSP beneficiaries.

Among these changes, **it is important to note that effective January 1, 2003, retroactive CMSP eligibility will be discontinued.** Currently, CMSP offers applicants up to three months of retroactive eligibility prior to the month of application. For persons applying for CMSP benefits on or after January 1, 2003, no retroactive eligibility may be granted.

It is essential that this particular change in the CMSP eligibility process be communicated to all staff that administers CMSP applications. **For counties using ISAWS, there may be a delay in making related system changes. Therefore, appropriate steps should be taken to ensure that no retroactive eligibility be granted.** In addition, if a person applies for CMSP on or after January 1, 2003, and requests retroactive eligibility, they are to be informed that it is not available and that their eligibility would commence with the first day of the month of application. No Notice of Action would be required, since an application cannot be taken for retroactive eligibility.

CMSP Welfare Directors
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December 5, 2002

Also enclosed are CMSP Eligibility Manual revisions pertaining to this Program change. You will find additional information concerning changes to the CMSP on the Governing Board's website at www.cmspcounties.org. If you have any questions regarding this notification, please contact Ms. Genny Fleming, CMSP Unit, at (916) 327-3867.



William L. Alameda, Chief
County Medical Services Program

Enclosures

cc: Ms. Maria Tirado
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ISAWS CAST
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Fair Oaks, CA 95628

Ms. Genny Fleming
County Medical Services Program
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COUNTY MEDICAL SERVICES PROGRAM
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November 26, 2002

TO: COUNTY MEDICAL SERVICES PROGRAM (CMSP) BENEFICIARY

SUBJECT: CMSP BENEFIT CHANGES

This letter is to inform you of changes to your CMSP benefits

Dental Benefits: Your basic dental visits (check-up) will go from two visits per year to one visit per year. Dental cleanings will go from two cleanings per year to one cleaning per year. All other dental benefits will remain the same. This is effective January 1, 2003.

Eligibility: Your eligibility for CMSP benefits will be effective starting with the first day of the month in which you apply for CMSP. This is effective January 1, 2003.

Pharmacy Benefits: Your pharmacy benefits will be managed by a Pharmacy Benefits Manager. (NOTE: If you are enrolled in Solano County's Partnership HealthPlan of California, the change in pharmacy benefits does not apply to you.) You will receive a separate CMSP pharmacy benefits card in the mail. You should carry this card at all times. You should show this pharmacy card along with your CMSP medical card when you see your doctor. You should also take it to your pharmacy when you get a prescription filled. When you get your pharmacy benefits card in the mail, you will be told when this change will take effect.

If you have any questions about these changes to your CMSP benefits, please contact the CMSP at (916) 322-1478.

Sincerely,

Original Signed by:

Nancy E. Hayward, Chief
Medically Indigent Services Section

State of California—Health and Human Services Agency
Department of Health Services



California
Department of
Health Services

DIANA M. BONTÁ, R.N., Dr. P.H.
Director



GRAY DAVIS
Governor

November 26, 2002

TO COUNTY MEDICAL SERVICES PROGRAM (CMSP) PROVIDERS

SUBJECT: CMSP PROGRAM CHANGES

For your information, on November 22, 2002, the CMSP Governing Board approved three changes to the County Medical Services Program. The changes and their effective dates are described below:

Dental Benefit. Dental benefits under CMSP will be reduced so that coverage provides among other services, one basic visit and one cleaning per year instead of two basic visits and two cleanings per year. This change is effective January 1, 2003.

Pharmacy Benefit. CMSP pharmacy benefits will be provided under a contract with MedImpact, Inc., a pharmacy benefit management company. Pharmacy coverage will emphasize the use of generic medications, where available and appropriate, and will require prior authorization and other utilization controls for selected medications based upon clinical efficacy, medical necessity, and cost. CMSP clients will be provided a separate MedImpact pharmacy benefit identification card. You will be notified of the date when this change will take effect following execution of the contract and system implementation. (This contract will not affect the delivery of pharmacy benefits to CMSP clients with primary aid codes of 84 and 88 under county code 48 who are participating in Solano County's Partnership HealthPlan of California.)

Retroactive Eligibility. Eligibility for CMSP benefits will begin on the first day of the month a client applies for CMSP. No payment for medical services will be provided by CMSP for services provided prior to this time period. Previously, CMSP reimbursed medical services for the three month period immediately prior to the month a client applies for CMSP. This change is effective January 1, 2003. For information on assisting clients in applying for CMSP, visit the CMSP website at "www.dhs.ca.gov/cmssp/eligibility.htm."



Do your part to help California save energy. To learn more about saving energy, visit the following web site:
www.consumerenergycenter.org/flex/index.html

1800 Third Street, P.O. Box 942732, Sacramento, CA 94234-7320
(916) 322-1086

A 442 Conforming Changes

In separate action taken in August and September, the CMSP Governing Board approved a number of CMSP payment rate changes to conform with changes made to Medi-Cal in AB 442, the health trailer bill to the FY 2002-03 State budget. These changes include: reduction in the drug dispensing fee; reduction in payment rates for durable medical equipment services and laboratory services; reduction in rates for generic drugs; and, reduction in reimbursement rates for brand name drugs. These changes are effective with the implementation dates required by AB 442.

You will find additional information concerning changes to the CMSP on the Governing Board's website at www.cmspcounties.org. If you have any questions, please contact Mr. William L. Alameda, Chief, CMSP Unit, at (916) 322-9470.

Sincerely,



Nancy E. Hayward, Chief
Medically Indigent Services Section

cc: Mr. William L. Alameda, Chief
County Medical Services Program Unit
Department of Health Services
1800 Third Street, Room 100
P.O. Box 942732
Sacramento, CA 94234-7320

Facilitating Applications for CMSP

Introduction

Beginning in Fiscal Year (FY) 2002-03, the County Medical Services Program (CMSP) Governing Board approved a variety of CMSP program and rate reimbursement changes so that program expenditures in FY 2002-03 and beyond do not exceed available revenues. One of these changes – elimination of retroactive eligibility for CMSP applicants – becomes effective January 1, 2003.

With this change, when a client applies for CMSP the earliest date eligibility can be established for that client will be the first of the month of application. Consequently, the date an application is filed may have an impact on provider reimbursement. If a provider treats an uninsured patient and that patient submits an application for CMSP and is later determined eligible, reimbursement for services to the patient will be limited to those services provided in the month of application and thereafter.

The elimination of retroactive eligibility will not present a problem for most providers. Applicants and the personnel that assist them in the eligibility process usually have time to start the application process in the same month that services are first rendered. However, for patients that are first seen and treated at the end of the month, a delay in making the application until the following month will affect reimbursement to the provider because the date of application cannot be post-dated.

The CMSP eligibility guidelines provide alternative methods for recording the date of application. Two of these – phoned-in applications and faxed applications – are discussed below. Providers may want to consider using these approaches to assist their patients in applying for CMSP in a timely manner.

1 Phone in the application

- a A call can be made to the eligibility department of a client's county of residence. Usually, this is a county department of social services or welfare office. The call can be made by the client, provider representative, relative, etc.
- b. The screener at the county office will complete a form called the SAWS 1 with as much information that can be provided by the caller. The date of this call and the filing of the SAWS 1 establishes the date of application. The county will then mail out the application and other paperwork to the client.
- c. This can usually be done during normal business hours depending on the particular county's policies.

2. Fax in the SAWS 1

- a. A provider representative (social worker, business office personnel, etc.) may assist the client in filling out the SAWS 1 and then fax it to the county eligibility department.
- b. The fax machine at the county office should automatically date stamp the SAWS 1 when it is received. This will be the date of application. The county will then mail out the application and other paperwork to the client.

Helpful Hints

- Providers should establish contacts and phone and fax numbers for county eligibility offices that serve their patients.
- Providers may want to advise their uninsured, adult patients who may qualify for CMSP to call their county eligibility office and request to apply for CMSP via phone or fax. Providers may also want to help their patients by offering use of a telephone in the provider's office for this purpose. A summary of CMSP eligibility can be found on-line in CMSP Information Notice #2, at: <http://www.dhs.ca.gov/publications/forms/pdf/cmspin2.pdf>
- Providers may want to have a supply of SAWS 1 forms available in their offices. Copies of this form can be obtained from any county eligibility office or on-line at: <http://www.dss.cahwnet.gov/pdf/SAWS1.pdf>

COUNTY MEDICAL SERVICES PROGRAM (CMSP)
ELIGIBILITY MANUAL REVISIONS

These revisions are transmitted as an attachment to CMSP All County Letter #02-05, dated December 5, 2003. The revisions all pertain to the elimination of retroactive eligibility effective January 1, 2003.

Filing Instructions

Remove or Cross Out Pages*

3-2
3-4
3-10
7-12
10-1
Article 11 Index
11-2

Insert Pages

3-2
3-4
3-10
7-12
10-1
Article 11 Index
11-2

*Note: If you remove pages, please ensure that you are not also removing a two-sided page containing information on the reverse that should be maintained in the manual.

CMSP staff is currently in the process of producing an on-line version of the CMSP Eligibility Manual. This will eliminate blank spaces on pages, gaps in information, outlining errors, etc. You will soon be notified when the manual becomes available on the CMSP website.

- (a) The applicant's spouse, guardian, conservator or executor.
- (b) A person who knows of the applicant's need to apply.
- (c) A public agency representative.

The case record must clearly specify why anyone other than a spouse has applied for the applicant.

3-014. Application for CMSP

A person or family applying for CMSP shall submit a completed application form to the county department.

3-015. Application for Retroactive CMSP

Effective January 1, 2003, no retroactive eligibility shall be granted for CMSP cases. The beginning date of eligibility will be in accordance with Section 11-010.

3-016. CMSP Application for Medi-Cal LTC Aid Code 53, Acute Care

A person eligible for Medi-Cal under aid code 53, which only covers Skilled Nursing Facility or Intermediate Care Facility (SNF or ICF) services, may also receive full-scope CMSP benefits under aid code 8F to cover any acute care services. There is no LTC length of stay requirement to receive a 53 aid code. If the person has a SOC under aid code 53 he/she will have the same SOC under aid code 8F. The applicant must complete and sign the following forms:

- (c) Income and expenses of a self-employed individual do not match reported income, and the questionable information cannot be resolved with follow-up telephone contact and/or mail.

If needed, the interview:

- (a) Shall be completed within 30 days of the date of the application or reapplication.
- (b) Shall not be required for persons who have a government representative, such as a public guardian, acting on their behalf.
- (c) Shall be conducted by a representative of the county department unless, for good reason, a direct interview between the county department and the applicant/beneficiary or the person completing the Statement of Facts is not possible. In such a situation, the interview may be conducted by another public agency acting on behalf of the county department.
- (d) Shall include the completion and explanation of the contents of the beneficiary rights and responsibilities form, CMSP 219. The representative of the agency conducting the interview is responsible for meeting this requirement.

3-21 Statement of Facts

Following completion and submission of the application form, a Statement of Facts (MC210/SAWS2) or other approved form shall be completed, signed, and filed with the county department. The Statement of Facts shall be used by the county department in the determination of the applicant's eligibility, share of cost, and other health coverage.

3-022. Persons Who May Complete and Sign the Statement of Facts

The applicant or spouse of the applicant shall complete and sign the Statement of Facts, unless:

- (a) The applicant has a conservator, guardian, or executor. In this case, the conservator, guardian or executor shall complete and sign the Statement of Facts.
- (b) The applicant is incompetent, in a comatose condition or suffering from amnesia, and there is no spouse, conservator, guardian or executor. In this case:

3-032. Promptness Requirement

The county department shall complete the determination of eligibility and share of cost as quickly as possible but not later than 45 days following the date of application, reapplication or request for restoration is filed.

(a) The 45-day period may be extended for any of the following reasons:

- (1) The applicant, for good cause, has been unable to return the completed Statement of Facts, or necessary verification in time for the county department to meet the promptness requirement.
- (2) There has been a delay in the receipt of reports and information necessary to determine eligibility and the delay is beyond the control of either the applicant or the county department.
- (3) The applicant's guardian, or other person acting in the applicant's behalf, has failed to provide essential information requested by the county department. When this situation occurs the eligibility determination period shall not exceed three months from the date of application.

(b) The determination of eligibility shall be considered complete on the date the Notice of Action is mailed to the applicant.

3-033. Notice of Action--CMSP Determinations

County departments shall notify beneficiaries in writing of their CMSP eligibility or ineligibility, and any changes made in their eligibility status or share of cost.

(a) The Notice of Action shall include the following:

- (1) The approval, denial, or discontinuance of eligibility or the change in the share of cost and the effective date of the action.
- (2) The amount of the share of cost, if any, and the amount of the net nonexempt income used to determine the share of cost.
- (3) The reason an action is being taken.

7-030. Spenddown of Excess Property

Eligibility may be established by spenddown of excess property when the property reserve exceeds the property limit.

If the property reserve has been in excess of the limit from the first day of the month of application through the date of application, and the property reserve is brought within the property limit by the last day of the month of application, the CFBU shall be eligible if all other eligibility requirements are met.

7-031. Items of Property to be Considered

The items of property to be considered in determining eligibility are described in Sections 7-032 through 7-061. Each of these sections indicate:

- (a) Whether all or a portion of the item is exempt.
- (b) The method for determining the net market value of the specific item of property.

Article 10. Share of Cost

10-010. Share of Cost--General

Share of cost shall be determined and processed in accordance with the requirements of this article.

10-011. Share of Cost Period

The share of cost for a CFBU shall cover a one-month period in accordance with Section 11-010 (a).

10-012. Determination of Share of Cost

The share of cost shall be determined at the time of application, reapplication, or when there is a change in circumstances to the CFBU which results in changes to the income, family composition, or any other factor that affects the share of cost.

- (a) The share of cost for a person eligible for Medi-Cal under Aid Code 53, as determined in Section 3-016, shall be zero for CMSP benefits for the month or months that CMSP eligibility is also established.
- (b) The share of cost for all other CMSP CFBUs shall be determined as follows:
 - 1 Determine the net nonexempt income available to the CFBU during the month.
 - (2) Round the total net nonexempt income for the month determined in (1) to the nearest dollar, with amounts ending in 50 cents or more rounded to the next higher dollar.
 - (3) Determine the appropriate maintenance need for the CFBU for the month in accordance with Section 9-011.
 - (4) Subtract the maintenance need from the total rounded net nonexempt income for the month. The remainder, if any, is the share of cost.

Article 11. Period of Eligibility

- 11-010. Beginning Date of Eligibility
- 11-011. Period of Eligibility
- 11-012. Retroactive Medi-Cal Eligibility

- (c) A final date of eligibility shall be established when the county department determines that the person or family no longer meets all eligibility requirements as of the first day of the following month provided that a ten day notice can be given.

11-012 Retroactive Medi-Cal Eligibility

A CMSP beneficiary may be determined eligible for Medi-Cal retroactively if determined either as an MN beneficiary based on blindness or disability, or as a PA or Other PA beneficiary retroactive to the date of CMSP eligibility.